



## Screener Training for Missouri Oral Health Preventive Services Program



Missouri Department of Health and Senior Services  
Division of Community and Public Health, Oral Health Program  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided at a non-subsidiary basis.

### Program Objectives

At the completion of this course the learner will be able to:

- Describe the four basic components of the Preventive Services Program (PSP)
- Explain the arrangement of facilities and materials necessary to conduct a screening
- Properly complete the PSP screening form

3

### Course Instructions

- The course will take approximately 30 minutes to complete.
- You will be automatically advanced through the power point slides.
- You may pause, stop and re-start this course at any time.
- Completion Code=SCREENER

2

### The Preventive Services Program

The Missouri Oral Health Preventive Services Program (PSP) is a community-based, systems approach to population-based prevention of oral disease.



4

### PSP Methodology



#### SURVEILLANCE

Annual screening by a licensed dentist or dental hygienist

#### EDUCATION

Curriculum materials available

#### PREVENTION

Fluoride varnish applied twice per year by volunteers

#### REFERRAL

Children needing early or urgent dental care

5

### People Involved in the Event



- You will be one of many involved in a PSP Event.
- That is the purpose of PSP. "Many hands working together for the oral health of the community."
- Your role is to provide the oral health screenings for the children.

6

### What is a Screening?



- **Not** a thorough clinical exam, no x-rays are taken
- Does **not** involve making a clinical diagnosis that results in a treatment plan
- Does identify obvious oral lesions
- Is conducted by licensed dentists and dental hygienists

7

### Supplies

- Ordered through the DHSS Oral Health Consultant by the coordinator of your local event
- Supplies from DHSS include:
  - Screening Forms
  - Disposable Mouth Mirrors
  - Toothbrushes and toothpaste
  - Floss
  - Educational Materials
  - Other Promotional Items



8

## Other Items You May Need:



- Masks
- Gloves
- Light Source
- Eye Wear
- Tooth picks
- Gauze
- Hand Sanitizer

These may or may not be provided by the coordinator of the event. Please check on this to verify what you will need to bring with you to the screening.

9

## Set Up the Area



**Tip:** Position the chair near the wall so that the child can tilt his/her head back and rest against the wall.

- Seek an area with good lighting.
- A straight back chair will be adequate for the screening.
- A table or desk top near your work area will help with supply access.



10

## For Small Children



It will be easier to see in the mouths of infants and toddlers if you use knee to knee positioning. (lap exam)

11

## Maintaining the Child's Privacy and Self-esteem

Remember, some children will have dental decay and poor oral hygiene.

- Discuss findings with the child in such a way as to motivate, but also keep his/her dignity intact.
- Discuss findings quietly so that others cannot overhear.



12

## Infection Control



- CDC Level III-non contact with mucous membrane and/or blood.
- Gloves recommended, change with each child.
- Masks will decrease your chances of contracting colds/flu.
- Use hand disinfectant often.

13

## Screening Form

PSP screening form uses the format of the Basic Screening Survey (BSS). The BSS is the tool recommended by the American Association of State and Territorial Dental Directors for the collection of screening data.

More information on the BSS can be accessed at: [www.astdd.org](http://www.astdd.org)

14

## Reference Card Available



- This reference card is available to assist you during the screening.
- Ask your Event Coordinator to order a copy of this card for you.

15

## Paperwork Issues

- Screening is to be done by dentists or dental hygienists only. Others may help with recording the findings.
- The coordinator of your event will ascertain those children who have Parent/Guardian Consent. Screen only those children who have positive consent forms.
- Forms may be completed in either pen or pencil.
- All completed paperwork is to be given to the event coordinator for scanning into the statewide database.



16

## Coding Information

- Screen Date
- School Code (school name)
- Grade
- Screener ID: Your name, at least first initial followed by full last name.
- ID Number: Sequential numbering of the children in that grade. This can be handled by the Event Coordinator.



17

## Child Specific Information

### #1 Gender

- Visual observation

### #2 Race

- Best guess

### #3 Age

- Ask the child

### #4 Height/Weight

Optional-the Event Coordinator may choose to collect this information.

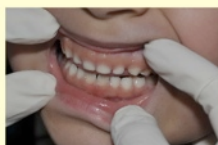
In the interest of saving time, this information may be collected by someone other than the screener.



18

## Clear Viewing

- Good light and retraction with mouth mirror make all the difference.
- Toothbrush, gauze and/or toothpick may be used to clear debris from an area.



19

## Coding Oral Hygiene

Oral Hygiene is #5 on the screening form.

### 5. Oral Hygiene:

- ☐ Satisfactory
- ☐ Not Satisfactory

Mark Oral Hygiene as either:

- **Satisfactory**
  - Little to no visible materia alba/plaque
  - Pink, firm tissues
- **Not Satisfactory**
  - Moderate to heavy materia alba/plaque
  - Red, enlarged tissues

20

## Coding Treated Decay

Treated Decay is #6 on the screening form.

### 6. Treated Decay:

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

- Restorations-temporary or permanent
- Restorations-whether partially or fully retained
- Crowns-placed due to decay
- Missing teeth-as a result of decay
- Restored or missing teeth that are not a result of decay, are not to be considered as treated decay.

21

## Coding Untreated Decay

Untreated Decay is #7 on the screening form.

### 7. Untreated Decay:

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

- An area is coded as suspected untreated decay when the screener can readily observe BOTH:
  - A loss of at least 1/2 mm of tooth structure at the enamel surface, AND
  - Brown or darkening coloration of the tooth structure



22

## Other Points to Consider

- Retained roots = Untreated Decay
  - Broken or chipped teeth are considered sound unless decay is also present
- Temporary fillings are **NOT** to be considered as untreated decay

### 7. Untreated Decay:

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

23

## Rule of Thumb

When in doubt, be conservative. That means that if you are not sure if decay is present, assume it is not.



24



## Coding the Presence of Sealants



- ON PERMANENT MOLARS ONLY
- Choices in this section are:
  - No Sealants
  - Sealants (Includes Partially Retained Sealants)



The presence of sealants may be difficult to detect with a visual screening only. Mark only those sealants that are readily detected and can be distinguished from glass ionomer composite restorations.

25

## Treatment Urgency

### 9. Treatment Urgency:

- ☐ No Obvious Problem
- ☐ Early Dental Care
- ☐ Urgent Care

26

## Treatment Urgency

### “No Obvious Problem”

Currently no need for dental treatment, but the child should see a dentist for regular check-ups.

### 9. Treatment Urgency:

- ☐ No Obvious Problem
- ☐ Early Dental Care
- ☐ Urgent Care

27

### No Obvious Problem



28

## Treatment Urgency

### “Early Dental Care”

- Cavitated lesion (no pain or infection, but lesion needs treatment)
- Precavitated lesion
- Spontaneously bleeding gums
- Suspicious white or red soft tissue lesions

### 9. Treatment Urgency:

- ☐ No Obvious Problem
- ☐ Early Dental Care
- ☐ Urgent Care

Dental care within next several weeks.

29

### Early Dental Care



30

## Treatment Urgency

### “Urgent Care”

- Signs and symptoms include *pain, infection or swelling*
- Child has limitations in daily living-eating, playing, going to school, sleeping

### 9. Treatment Urgency:

- ☐ No Obvious Problem
- ☐ Early Dental Care
- ☐ Urgent Care

Needs dental care within 24 hours.

31

### Urgent Care



32

### Urgent Care



33

### Rampant Caries

#### History of Rampant Caries

- Decay
  - Restorations
  - Missing Teeth Due to Decay
  - May be any or all of these
- 
- ON SEVEN OR MORE TEETH



34

### Rampant Caries



35

### Early Childhood Caries

#### Early Childhood Caries

- Decay
- Restorations
- Missing Teeth Due to Decay
- May be any or all of these

PRESENCE OF AT LEAST ONE OF THE ITEMS LISTED ABOVE ON PRIMARY MAXILLARY ANTERIOR TEETH



36

### Early Childhood Caries



37

### White Spot Lesions

#### White Spot Lesions

- Presence of white spot lesions on at least one of the primary maxillary anterior teeth
- You may screen for this at the same time you screen for early childhood caries



38

### White Spot Lesions



39

### Test Your Knowledge

What code would you use for the following children?



40

### Untreated Decay?



41

### Untreated Decay? Early Childhood Caries? White Spot Lesions?



42

### Treatment Urgency?



43

### Treatment Urgency?



44

### Treatment Urgency?



45

### Thank You for Joining with Others to Improve the Oral Health of Missouri's Children



46

### Questions?

Contact  
Department of Health and Senior Services  
Oral Health Program  
1-800-891-7415  
Or  
[www.MoHealthySmiles.com](http://www.MoHealthySmiles.com)  
To locate the Oral Health Consultant  
Nearest You

47